PRINTED: 04/19/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G622		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED 04/01/2013	
NAME OF PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE	0 1/0 1/2010
COMMUNITY ALTERNATIVES-ADEPT				ILMER LN IAPOLIS, IN 46256	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE
K010000	REGULATORI OI	KESC IDENTIFY TING IN ORGANION)	IAG		DAIL
	Survey was con State Department with 42 CFR 48		K010000		
	Survey Date: 0 Facility Numbe				
	Provider Number:	er: 15G622			
	Surveyor: Mark Caraher, Life Safety Code Specialist,				
	Community Alt found not in con Requirements for Medicaid, 42 C. Life Safety from Edition of the Nassociation (NI Code (LSC), Ch Residential Boat This one story be fully sprinkle fire alarm system corridors, all liv bedrooms. The	ety Code survey, ernatives - Adept was impliance with or Participation in FR Subpart 483.470(j), in Fire and the 2000 lational Fire Protection FPA) 101, Life Safety inapter 33, Existing rd and Care Occupancies. ouilding was determined to ered. The facility has a im with smoke detection in ring areas and all facility has a capacity of 5 is of 5 at the time of this			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

001159

(X6) DATE

Any defiency statement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 15G622		A. BUILDING B. WING		COMPLETED 04/01/2013			
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP CODE 7520 KILMER LN INDIANAPOLIS, IN 46256				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MU	IENT OF DEFICIENCIES IST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE		
	Calculation of the Events Score (E-Score) using Alternative Approach Chapter 6, rated the farm E-Score of 1.0. Quality Review by Resafety Code Specialist on 04/04/13. The facility was found with the aforemention requirements as evide following:	g NFPA 101A, les to Life Safety, acility Prompt with obert Booher, Life st-Medical Surveyor d not in compliance ned regulatory					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: CZDG21

Facility ID: 001159

If continuation sheet Page 2 of 5

PRINTED: 04/19/2013 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 1, NUILIDING	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY			
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT (X4) ID PREFIX TAG SILMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL TAG REGILATORY OR LISC BINITIVING INDORMATION) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed of all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed for living rooms, dens. day rooms, and similar spaces. 33.2.3.4.3. Exception No 1: Buildings protected throughout by an approved automatic sprinklers, and protected with approved smoke alarms in accordance with 9.6.2.10, that are powered by the building electrical system. Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 9.3.2.15, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility failed to ensure 1 of 10 smoke detectors was functional tested annually. LSC Section 9.6.2.10.1 refers to NFPA 72, at 7-3 requires testing to be in accordance with Table	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A RUII DING	COMPLETED		
STREET ADDRESS, CITY, STATE, ZIP CODE TO MINUNITY ALTERNATIVES-ADEPT COMMUNITY ALTERNATIVES-ADEPT SIMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR I.S.C DININITY MIST BURNANDON) 483.470(1)(10) LEFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 96.2.10. These alarms are powered from the building electrical system and when activated, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, inducting basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed on all evels, inducting basements but excluding rooms, dens., day rooms, and similar spaces. 39.2.3.4.3. Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick-response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system. Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 9.6.2.10, that are powered by the building battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms. Based on record review, observation and interview; the facility failed to ensure 1 of 10 smoke detectors was functional tested annually. 1.SC Section 9.6.2.10.1 refers to NFPA 72, at 7.3 requires testing to be in accordance with Table	15G622		A. BUILDING 04/01/2013			
To Community Alternatives Added to Summary 1 and the State of the State of Summary 1 and the State of					ADDRESS CITY STATE ZIP CODE	
COMMUNITY ALTERNATIVES-ADEPT INDIANAPOLIS, IN 46256 SUMPLEY TAG INDIANAPOLIS, IN 46256 INDIANAPOLI	NAME OF P	ROVIDER OR SUPPLIER				
RESERVE TAG REGULATORY OR LIST DEPRECEDED BY FULL TAG REGULATORY OR LIST DEPARTMENT OF THE PRECEDED BY FULL TAG REGULATORY OR LIST DEPARTMENT OF THE PRECEDENCY OF THE PRECEDE	COMMUNITY ALTERNATIVES-ADEPT					
RECENT RECOULDING FOR ISC IDENTIFYING INFORMATION TAG	(X4) ID			ID	PROVIDER'S PLAN OF CORRECTION	(X5)
K01S053 43 470(http) LIFE SAFETY CODE STANDARD Approved smoke alarms are provided in accordance with 9.6.2.10. These alarms are powered from the building electrical system and when activate, initiate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed of in living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3. Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system. Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.2.5, that uses quick-response or residential sprinklers system, in accordance with 32.2.5, that uses quick-response or residential sprinkler system, in accordance with 32.2.6, that uses quick-response or residential sprinkler, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms. Based on record review, observation and interview; the facility failed to ensure 1 of 10 smoke detectors was functional tested annually. LSC Section 9.6.2.10.1 refers to NFPA 72, At 7-3 requires testing to be in accordance with Section 7-3. Inspection and Testing Frequency. NFPA 72, 7.3.2 states initiating devices testing shall be in accordance with Table.	PREFIX			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE	COMPLETION
Approved smoke alarms are provided in accordance with 9.0.2.10. These alarms are powered from the building electrical system and when activated, initate an alarm that is audible in all sleeping areas. Smoke alarms are installed on all levels, including basements but excluding crawl spaces and unfinished attics. Additional smoke alarms are installed or living rooms, dens, day rooms, and similar spaces. 33.2.3.4.3. Exception No 1: Buildings protected throughout by an approved automatic sprinkler system, in accordance with 33.2.3.5, that uses quick response or residential sprinklers, and protected with approved smoke alarms installed in each sleeping room in accordance with 9.6.2.10, that are powered by the building electrical system. Exception No. 2: Where buildings are protected throughout by an approved automatic sprinkler system, in accordance with 32.3.2.5, that uses quick-response or residential sprinklers, with existing battery-powered smoke alarms in each sleeping room, and where, in the opinion of the authority having jurisdiction, the facility has demonstrated that testing, maintenance, and a battery replacement program ensure the reliability of power to smoke alarms. Based on record review, observation and interview; the facility failed to ensure 1 of 10 smoke detectors was functional tested annually. I.SC Section 9.6.2.10.1 refers to NFPA 72, National Fire Alarm Code. NFPA 72, National Fire Alarm Code. NFPA 72, National Fire Alarm Code. NFPA 72, a 7-3 requires testing to be in accordance with Table	TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	
		483.470(j)(1)(i) LIFE SAFETY CO Approved smoke accordance with a powered from the and when activate audible in all slee are installed on a basements but ex unfinished attics. are installed for live rooms, and similar Exception No 1: Exthroughout by an sprinkler system, 33.2.3.5, that use residential sprinkla approved smoke sleeping room in that are powered system. Exception No. 2: protected through automatic sprinkle with 32.3.2.5, tha residential sprinkle with 32.3.2.5, tha residential sprinkle battery-powered a sleeping room, ar the authority havi has demonstrated and a battery repl the reliability of po Based on record interview; the fact 10 smoke detected annually. LSC S to NFPA 72, Nat	alarms are provided in 9.6.2.10. These alarms are building electrical system ed, initiate an alarm that is ping areas. Smoke alarms II levels, including coluding crawl spaces and Additional smoke alarms ving rooms, dens, day ar spaces. 33.2.3.4.3. Buildings protected approved automatic in accordance with squick response or ters, and protected with alarms installed in each accordance with 9.6.2.10, by the building electrical Where buildings are nout by an approved er system, in accordance t uses quick-response or ters, with existing smoke alarms in each and where, in the opinion of ng jurisdiction, the facility do that testing, maintenance, lacement program ensure ower to smoke alarms. Teview, observation and cility failed to ensure 1 of the ors was functional tested Section 9.6.2.10.1 refers to tonal Fire Alarm Code.		CORRECTION: NFPA 72, at 7-3 requires testi to be in accordance with Secti 7-3, Inspection and Testing Frequency. NFPA 72, 7-3.2 states initiating devices testing	05/01/2013 ing ion

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: CZDG21

Facility ID: 001159

If continuation sheet

Page 3 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING 01		(X3) DATE SURVEY COMPLETED		
15G622		A. BUILDING B. WING		04/01/2013		
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7520 KILMER LN INDIANAPOLIS, IN 46256				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	TION (X5) LD BE ROPRIATE COMPLETION DATE		
	accordance with and Testing Free states initiating of accordance with states all smoke shall be function deficient practice staff, and visitor. Findings include Based on review Supply "Periodic Testing Report" 06/20/12 with the during record review 10:55 a.m. on 04 facility smoke detested. Based on Systems & Supply Sensitivity Test" 03/13/12, a total detectors were seen on observations. Aide during a to 10:55 a.m. to 11 smoke detectors in the facility. But time of record record record records acknowledged from the facility acknowledged from the facili	Section 7-3, Inspection quency. NFPA 72, 7-3.2 devices testing shall be in Table 7-3.2. Table 7-3.2 detector initiating devices al tested annually. This e could affect all clients, s. e.: of Superior Systems & Fire Alarm Inspection & documentation dated wiew from 10:00 a.m. to e/01/13, a total of nine etectors were functional a review of Superior ly "Smoke Detector documentation dated of ten facility smoke ensitivity tested. Based with the Maintenance are of the facility from e.25 a.m. on 04/01/13, ten were observed installed eased on interview at the eview and the e. Maintenance Aide stated for shave been removed within the last year and		smoke detector initiating shall be functional tested annually. Specifically, the will contact the fire alarm sprinkler provider and arr sensitivity testing of all far smoke detectors. PREVENTION: The Maintenance Managobtain schematic diagram facility's alarm and sprink system from the fire alarm sprinkler provider and will accompany the provider of inspections to assure all sedetectors are tested per 172, 7-3.2. RESPONSIBLE PARTIES Clinical Supervisor, Maintenance Team, Operations Team, Quantum Assurance Team	devices e facility and range for cility er will ns of the eler n and I on all smoke NFPA S:	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: CZDG21

Facility ID: 001159

If continuation sheet

Page 4 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	T OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA DF CORRECTION IDENTIFICATION NUMBER: 15G622	(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 01		ESURVEY LETED 1/2013	
NAME OF PROVIDER OR SUPPLIER COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7520 KILMER LN INDIANAPOLIS, IN 46256				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APP DEFICIENCY)	ILD BE	(X5) COMPLETION DATE	
	detectors was not available for review.					

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: CZDG21

Facility ID: 001159

If continuation sheet

Page 5 of 5